Baltimore County Health Coalition
2022 Quarterly Meeting

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Wednesday, September 7, 2022
WEBEX

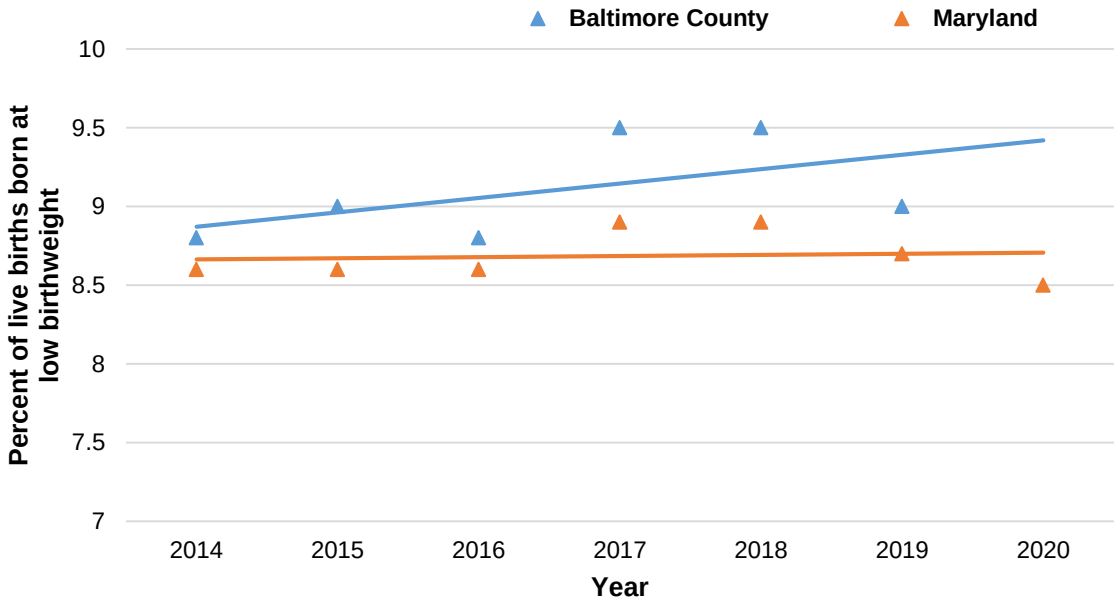
Agenda

- Welcome and Introductions
- Annual Data Review
- SPINE grant review
- Committee Reports
- CHIP Update
- COVID/Monkeypox Update
- Announcements

Data Review

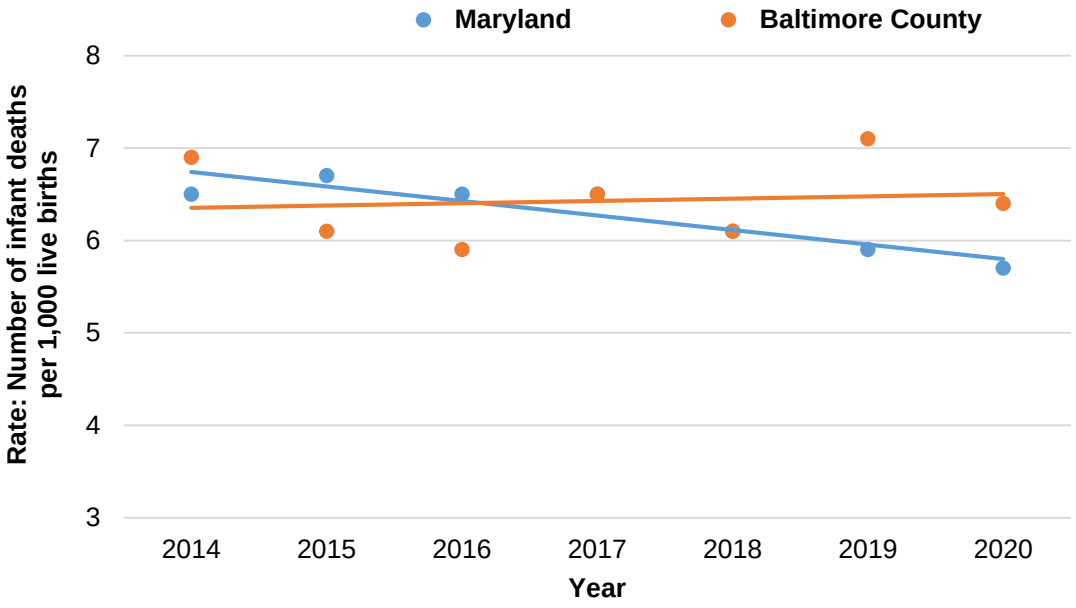
- Low Birth Weight
- Infant Mortality
- E Cigarettes and Vaping
- Opioid overdoses
- LEP
- Disparities
- Chronic Disease Diabetes

Low Birthweight



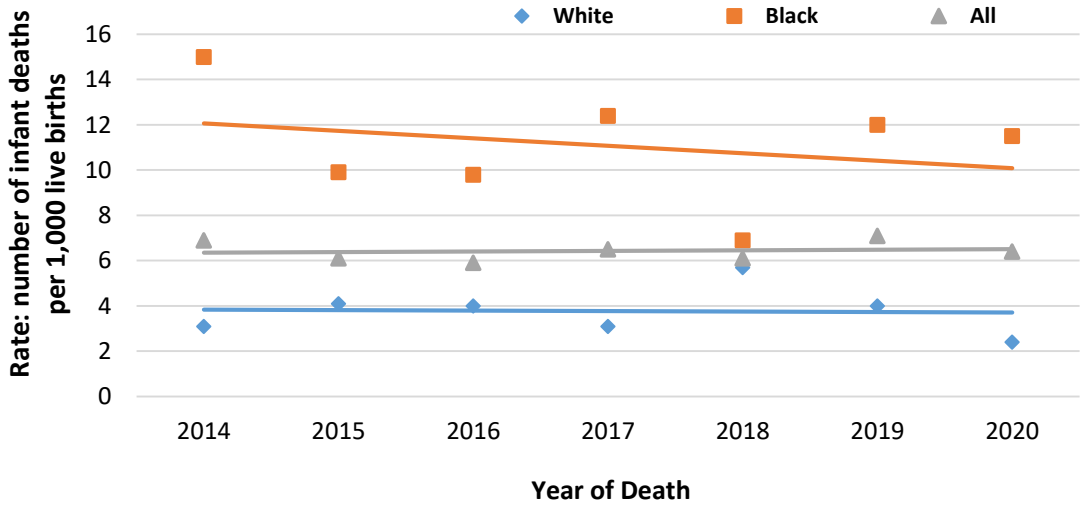
Source: Birth and death certificates from the Maryland Department of Health Vital Statistics Administration
Low birthweight is less than 2,500 grams or 5 pounds, 8 ounces

Infant Mortality



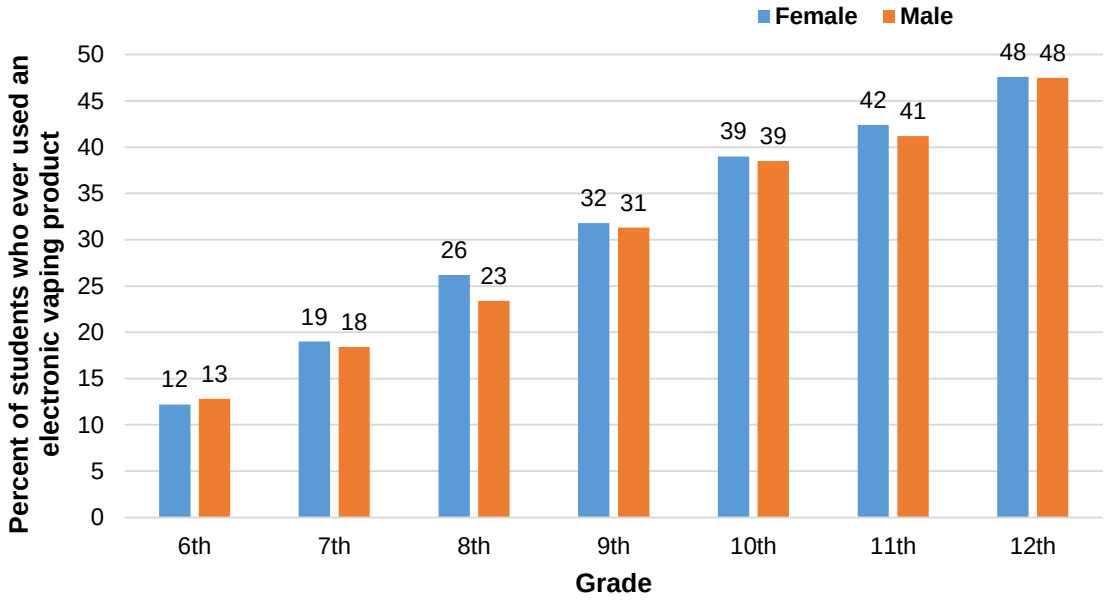
Source: Maryland Department of Health Vital Statistics Administration
Deaths to children less than one year old.

Infant Mortality in Baltimore County by Race



Source: Maryland Department of Health Vital Statistics Administration

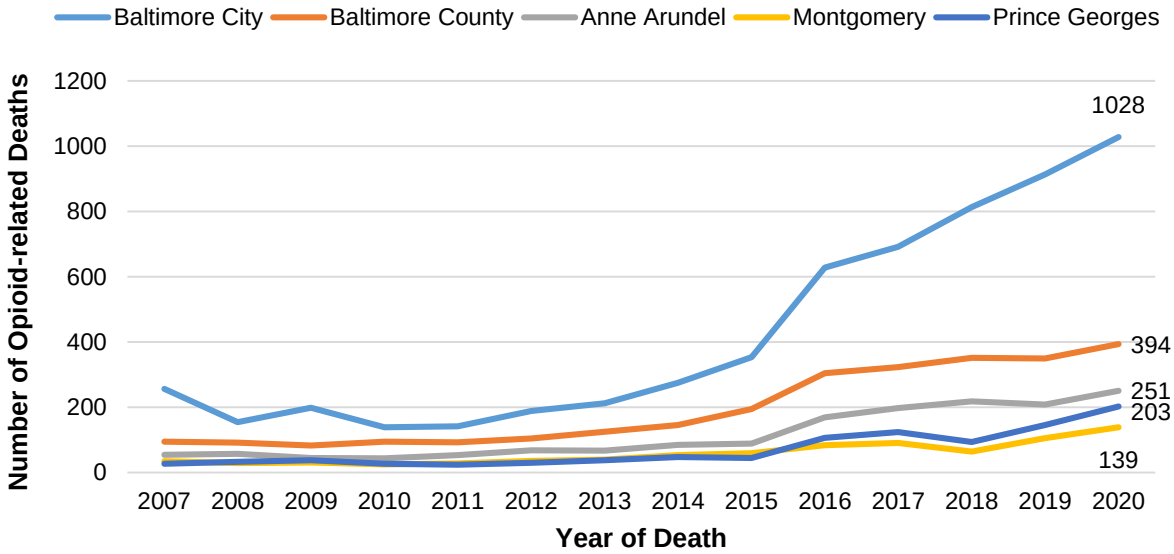
Vaping and E Cigarette Use, 2019



Source: 2019 Youth Risk Behavior Survey, Centers for Disease Control and Prevention

Opioid Overdoses

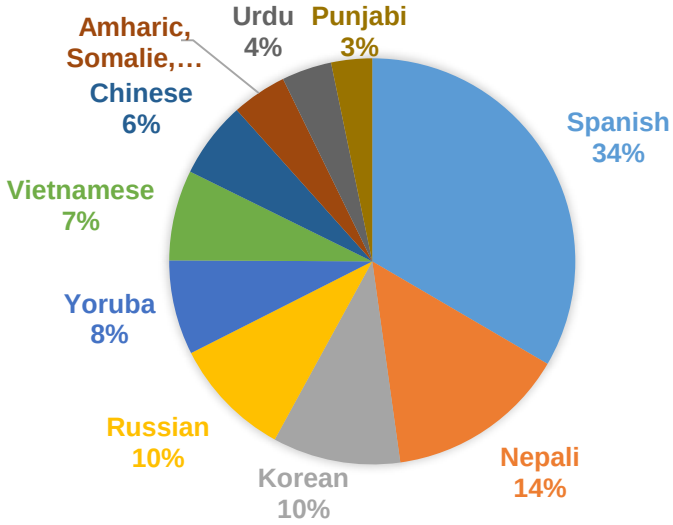
- Number of Opioid-related Deaths by Place of Occurrence, Select Jurisdictions, Maryland 2007-2020



Source: Maryland Department of Health Vital Statistics Administration

Limited English Proficiency

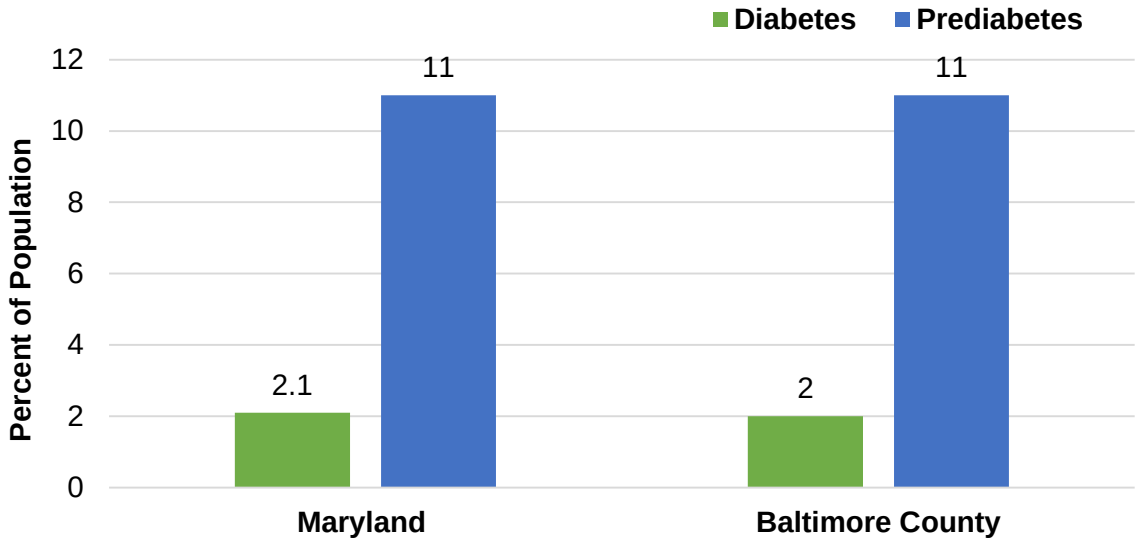
- 10 most frequently spoken languages by individuals with Limited English Proficiency in Baltimore County, Maryland.



Source: United States Census Bureau, American Community Survey, 2019.

Chronic Disease: Diabetes

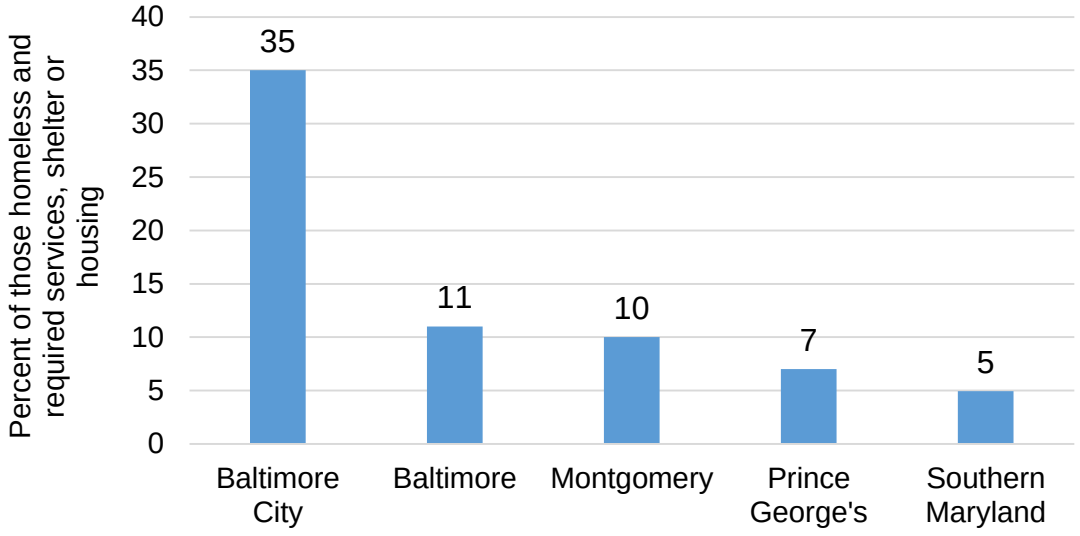
- Estimates of diabetes and prediabetes in Baltimore County are equivalent to estimates within the state of Maryland



Source: 2019 Maryland Behavioral Risk Factor Surveillance System

Homelessness in Baltimore County

- The majority of homeless individuals in 2019 across 16 counties in Maryland were counted in Baltimore City followed by Baltimore County.



Source: Department of Housing and Urban Development estimates in the 2019 Annual Report on Homelessness prepared by Maryland Interagency Council on Homelessness. There were 6,561 homeless individuals identified across 16 counties in Maryland in 2019 point-in-time count.

SPINE Grant Review

- State Partnerships Improving Nutrition and Equity (SPINE)
- Ashley Wallington, Food Security Coordinator
- Subcommittee Report

SPINE Grant

- The Maryland Department of Health's Center for Chronic Disease Prevention and Control (CCDPC) issued a competitive application to provide funds to up to five Local Health Departments (LHDs) to support Local Health Improvement Coalitions (LHICs) in jurisdictions without an active food security council
- Baltimore County's LHIC was awarded a $20,000 dollar grant to create a Food Security Subcommittee that would propose at least one goal to be implemented within the LHIC health improvement plan.
- The grant supports addressing food and nutrition security through sustainable and equitable actions that tackle economic and social conditions limiting food and nutrition security across the lifespan through a policy, systems, and environmental change lens.

Food Security Subcommittee

PURPOSE OF COALITION: To develop strategies and initiatives centered around healthy food access for communities with a high prevalence of chronic disease.

We are looking for new members! Interested in joining?

Contact:

Ashley Wallington

410-887-0606

awallington@baltimorecountymd.gov

SPINE Grant

The Food Security Subcommittee is proposing three goals to the LHIC to vote on:

1. Expansion of County Food Shuttle to the Westside of Baltimore County.
2. The identification and expansion of existing food resources within Baltimore County that are beneficial to improving health outcomes of disproportionately impacted communities.
3. Partnering with local Hospitals/Health Systems to develop a chronic disease referral process for chronic disease programs and nutrition education and resources.

SWOT Analysis Homeless Services

- Strengths- multi agency support, Continuum Of Care (CoC), Coordinated Entry
- Opportunities- HUD funding special populations, Increased housing options
- Subcommittee of CoC to work with hospital and community partners on a special at risk population

Subcommittee Reports

- Homelessness
- Opioid Intervention
- Tobacco
- Low Birth Weight FIMR CAT

Community Health Improvement Plan

Priority Area 1 Chronic Disease Q 4

Partners	PEP	WIC	MCHP	Primary Care Provider	Case Mgmt Programs	Non-WIC Food/ Nutrition Resources	Lifestyle Change Programs	Prevention T2 Diabetes Prevention	Total Referrals by Partner
	Maternal Child Health	Women Infant Children	Health Insurance Program						
BCDH - Bur. of ACE									0
BCDH - Bur of BH-CHS		1							1
BCDH - Bur. of CS, ACCU	265	254	312	1144	230				2205
BCPS	4								4
Univ of MD - SJMC								14	14
GBMC									0
LifeBridge NWHC						1	22		23
MedStar								11	11
Hospital	65								65
Total Referrals to each Resource	334	255	312	1144	230	1	22	25	2323

Community Health Improvement Plan

Priority Area 2 Behavioral Health and Substance Use Disorder Q 4

Partners	Primary Care Provider	Case Management	Tobacco Cessation	Assisted Therapy MAT Medication	Chronic Pain Self Mgmt Program	Community Support Social Service	FinancialAssistance	HRT Harm Reduction	Housing	Facility Inpatient	IOP	OBOT	OTP	Recovery Res	Short Term Detox	Mental Health Organizations	Mental Health Treatment	Peer Support	Peer Case Manager	TOTALS
BCDH Bur. of ACE																				0
BCDH Bur. of BH-CHS		5																		5
BCDH Bur. of Clin. Svcs			9			215										1				225
REACH				2		4	9	5	1	125	39		21	37	24			36		303
Univ of MD SJMC																				0
GBMC																				0
LifeBridge Health NWHC	248	448		17																713
MedStar Health			2																	2
Care Provider		3																		3
Patient Self Referral		13																		13
TOTALS	248	469	11	19	0	219	9	5	1	125	39	0	21	37	24	1	0	36	0	1264

Community Health Improvement Plan

Priority Area 3 Health Disparities Q 4

Partners	Health Insurance Programs	Bilingual Healthcare Resources	BCDH Case Mgmt Programs	Health Services	Primary Care Provider	Dental Care Provider	Specialty Care Provider	Federal Qualified Health Provider	Community and Social Service	Total Referrals by Partner
BCDH Bur. of ACE					4					4
BCDH Bur. of BH-CHS Cancer Program		3	5							8
BCDH Bur. of CS ACCU	817			5	1144	398		17	67	2448
BCDH Bur. of CS RSH			7		13		20		43	83
Baltimore Medical System			2							2
Lifebridge Health			1							1
Chase Brexton			23							23
St Clair Med Outreach			2							2
Comm Health Provider			11							11
Total Referrals to each Resource	817	3	12	5	1161	398	20	17	110	2543

Focus Groups CHWs

- 30 interviews- 21 Black, 4 White, 5 Hispanic
- 6 over 65
- Church events
- Themes- barriers to resources
  - No social security
  - High copays or no insurance
  - Diabetic supplies lancets and strips too expensive
  - Hours interfere with work
  - Unaware of Health Center locations

Hospital Reports Population Health

- Lifebridge Northwest
- Medstar Franklin Square
- GBMC
- University of Maryland SJMC
- Sheppard Pratt
- Other partners

LHIC Survey Results

There were 10 LHIC Surveys completed representing membership from 1 to over 10 years.

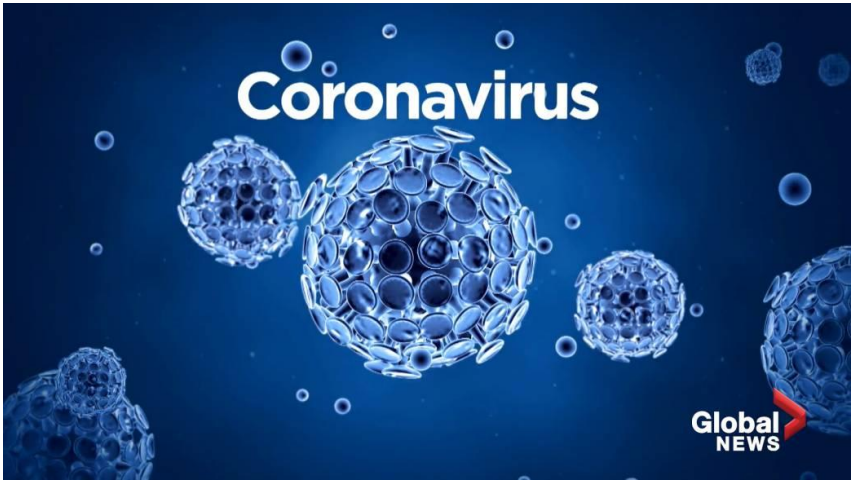
Action items:

- Provide a contact list of members for communication
- Create a bulletin board of one pagers and updates on events
- Look at health challenges across the lifespan

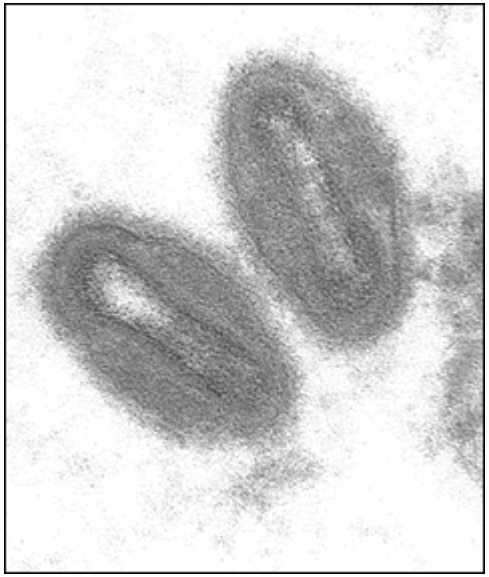
https://www.surveymonkey.com/stories/SM-Tmtil60sR4A3fTCTOWCiEA_3D_3D/

password: LHIC2022

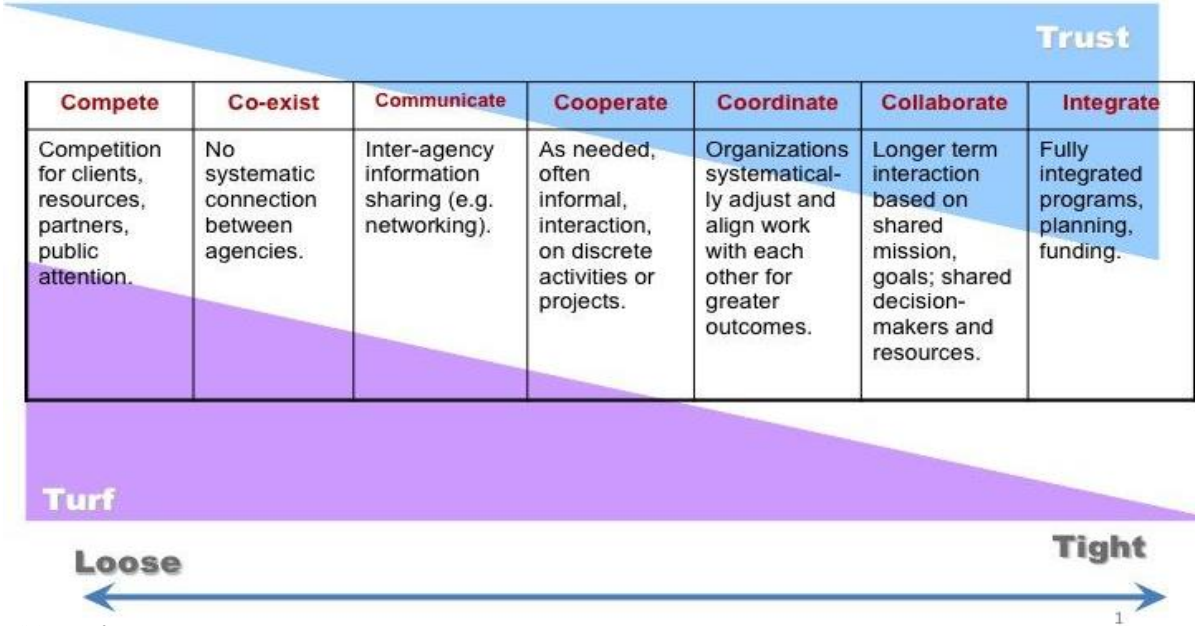
COVID-19 Update and Sharing



Monkeypox Update and Sharing



The Collaboration Continuum



collaborationforimpact.com

Next Steps

- CHIP version 3

Announcements from the Group


Any Questions